# 07-18-05

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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031
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# TRANSMITTAL FORM Application Number 10/772,570 Filing Date February 5, 2005 First Named Inventor Jeffery T. Bonk Art Unit 3612 Examiner Name Dennis H. Pedder

Total Number of Pages in This Submission Attorney Docket Number 0739D-000109 ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form ☐ Drawing(s) Technology Center (TC) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation ☐ Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Request for Refund Acknowledgment Postcard Express Abandonment Request CD, Number of CD(s) ☐ Information Disclosure Statement Remarks The Commissioner is hereby authorized to charge any additional Certified Copy of Priority fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Document(s) Account No. 08-0750. A duplicate copy of this sheet is enclosed. Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Reg. No. Firm Attorney Name Harness, Dickey & Pierce, P.L.C. Michael Malinzak 43,770 Individual name Signature Date July 15, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Micha	el M	alinzak				Express Mail Label No.	EV 570 164 747 US (7/15/2005)
Signature			\ <i>,</i> , /	$\bigcup ($	W		_ Date	July 15, 2005

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/0 pursuant to the Consolidated Appro		Complete if Known			
		Application Number	10/772,570 February 5, 2004 Jeffery T. Bonk Dennis H. Pedder		
FEE TRANS	SWITTAL	Filing Date  First Named Inventor  Examiner Name			
for FY 2	2005				
Applicant claims small entity s	tatus. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT		Art Unit	3612		
	(\$) \$120.00	Attorney Docket No.	0739D-000109		
METHOD OF PAYMENT (check	all that apply)				
☐ Check ☐ Credit Card ☐ M	Ioney Order   None	Other (please identif	ý):		
Deposit Account Deposit Acco	ount Number: 08-0750	Deposit Acc	ount Name: Harness, Dickey & Pierce, P.L.C.		
For the above-identified de	eposit account, the Director is	hereby authorized to:	(check all that apply)		
Charge fee(s) indicate	ated below	Charge fee(s) indicated below, except for the filing fee			
Charge any addition Under 37 CFR 1.16	nal fee(s) or underpayments o	of fee(s) Cred	dit any overpayments		

## **FEE CALCULATION**

<ol> <li>BASIC FILING, S</li> </ol>	EARCH, AND	D EXAMINATION	N FEES				
	FILING F	EES	SEARCH	I FEES	EXAMIN	IATION FEES	
		Small Entity		Small Entity		<b>Small Entity</b>	
Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee\_(\$) Each claim over 20 (including Reissues) 25 200 Each independent claim over 3 (including Reissues) 100 Multiple dependent claims 360 180

**Total Claims** Multiple Dependent Claims **Extra Claims** Fee Paid (\$) -20 or HP= Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee Paid (\$) Fee(\$)

- 3 or HP= 0 0

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Extra Sheets** / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Ext. for response - 1st month

\$120

SUBMITTED BY	۸ ,		1				
Signature	N - N A		1	Registration No. (Attorney/Agent) 43	3,770	Telephone	248-641-1600
Name (Print/Type)	Michae Malinzak	<del></del>				Date	7-15-05

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